

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 245358

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: IKERA INVESTMENT CORPORATION

**Current Principal Place of Business:**

2645 SOUTH BAYSHORE DR  
PH#202  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2645 SOUTH BAYSHORE DR  
PH#202  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 59-0932803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURNSTINE, BARBARA  
2645 S BAYSHORE DR  
PH 202  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: BURNSTINE, MICHAEL  
Address: 2645 S BAYSHORE DR  
City-St-Zip: COCNUT GROVE, FL

Title: DPST ( ) Delete  
Name: BURNSTINE, BARBARA  
Address: 2645 S BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition  
Name: BURNSTINE, MICHAEL  
Address: 2645 S BAYSHORE DR  
City-St-Zip: COCNUT GROVE, FL 33133

Title: DPST (X) Change ( ) Addition  
Name: BURNSTINE, BARBARA  
Address: 2645 S BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BURNSTINE

DPST

01/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date